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Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M43140 (6)

1. Corporation Name  
CENTRE CITY PARKING, INC.



Principal Place of Business  
100 N BISCAYNE BLVD  
MIAMI FL 33132  
US

Mailing Address  
100 N BISCAYNE BLVD.  
MIAMI FL 33132-2310  
US

3. Date Incorporated or Qualified  
12/12/1986

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2755543	Applied For Not Applicable
Suite, Apt. #, etc. 22 1410	Suite, Apt. #, etc. 27 1410	5. Certificate of Status Desired 8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

MEYERS, MICHAEL  
100 N. BISCAYNE BLVD.  
SUITE 1108  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 SUITE 1410  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MEYERS, MICHAEL A. 100 N BISCAYNE BLVD, SUITE 1108 MIAMI FL	1.1 TITLE	Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	SUITE 1410
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V LEE SCHWARTZ 100 N BISCAYNE BLVD, SUITE 1108 MIAMI FL	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	SUITE 1410
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V ALFREDO ARDON 100 N BISCAYNE BLVD, SUITE 1108 MIAMI FL	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	SUITE 1410
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S IRIS DELORO 100 N BISCAYNE BLVD, SUITE 1108 MIAMI FL	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	SUITE 1410
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T LUZ LEAL 100 N BISCAYNE BLVD, SUITE 1108 MIAMI FL	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	SUITE 1410
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ LEE SCHWARTZ 3/3/97 305-577-0189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)